Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6000947 B. WING 08/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6301 HUMBERT ROAD BEVERLY FARM FOUNDATION** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z 000 **COMMENTS** Z 000 Licensure Complaint Survey 2043990/IL123174-no deficiencies cited 2045022/IL124273-cited: 350.1060e); 350.3220f) Z9999 FINDINGS Z9999 Statement of Licensure Violations 350.1060e) 350.3220f) Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. Section 350.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. Findings include: Based on record review and interview the facility failed to: 1) ensure individuals PICA sweeps were performed on a routine bases (R2). Attachment A Statement of Licensure Violations 2) ensure medications were given as prescribed by the physician (R2).

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 08/28/20

STATE FORM

6899

B20T11

If continuation sheet 1 of 5

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6000947 B. WING 08/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD **BEVERLY FARM FOUNDATION** GODFREY, IL 62035 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 The 1/27/20 Individual Service Plan (ISP) identifies R2 as a 36 year old female who functions within the Moderate Range for Individuals with Intellectual Disabilities. R2 has additional diagnosis of PICA. 1) Facility PICA Behavior Policy dated 3/2020 documents, "On an ongoing basis, the environment the resident lives and/or works in, will be visually scanned for items/substances that are small enough to be easily swallowed or put into their mouth." R2's ISP dated 1/27/20 documents, "R2 has a history of ingesting nonedible things that she might find on the floor or other locations (PICA). Random pocket checks are completed on R2 to allow her to give items she might have placed in her pockets to staff." R2's Behavior Management Program (BMP) dated 1/27/20 documents, "R2 is same-room supervision when out of her bedroom at the Cottage, and same-room supervision at DT. This increased level of supervision is due to R2's diagnosis of PICA and her history of swallowing non-food items. Staff will perform environmental checks/sweeps of R2's environment on an ongoing basis each day." Hospital History and Physical dated 6/18/20 documents, "R2 has multiple metallic foreign bodies in her bowel suggestive of oral intake of foreign objects associated with her underlying PICA." Hospital Progress Noted dated 6/21/20 documents, "1 of 6 foreign bodies identified on the prior study, probably a coin, has passed. The

Illinois Department of Public Health

B20T11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6000947 08/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6301 HUMBERT ROAD BEVERLY FARM FOUNDATION** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 2 Z9999 other 5 foreign bodies remain." Hospital Colonoscopy Procedure Note dated 6/23/20 documents, "Colonoscopy to ceum revealed 3 foreign bodies. This included a bobby pin." Facility Incident Report dated 6/25/20 documents. "R2 has a BMP addressing PICA behavior. however, direction or when PICA checks/environmental checks were to be completed were vague. R2's roommate was not the appropriate choice of roommate due to her possessions of and items that could cause potential harm if ingested. R2 is same room supervision when out of bedroom, however, bedroom would not be most appropriate when unsupervised due to roommate possessions." Interview on 6/30/20 at 12:13 pm: E1 (Clinical Director) was asked what objects were removed from R2's colon during the Colonoscopy. E1 stated, "a bobby pin, an earring and a coin." Interview on 6/30/20 at 12:25 pm: E2 (Unit Clinical Director) was asked how long has R2 had her roommate. E2 stated, "about a year." E2 was asked how often PICA sweeps were performed on R2. E2 stated, "there were no set amount of times." E2 was asked since there were no set amount of times there could potentially be days that staff didn't perform PICA sweeps due to no set directions. E2 stated. "ves." 2) Facility Nursing Operations Manual BM (bowel movement) Monitoring, undated documents, "The afternoon nurse will review the log nightly." Facility's Physician Standing Orders, dated 8/10

	<u>linois l</u>	Department of Public	Health				FOR	M APPROVE	U. D
STATEM		NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DA	(X3) DATE SURVEY COMPLETED	
					B. WING				
NAME OF PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE			08	08/24/2020		
l e	EVER	Y FARM FOUNDATIO		MBERT RO		ATE, ZIP CODE			
		- TAKIN POUNDATIO		Y, IL 6203					
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOLL	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE		
Z9999		Continued From page 3		Z9999	7				_
		documents, "If no E Magnesia) 30 ml, if suppository, if no regiven (unless there R2's Bowel Movem movement R2 had on 6/18/20 was 6/1/Hospital History and documents, "Chroni impaction." R2's Medication Addated 6/20 does not PRN medication give bowel movement. Interview on 6/30/20 stated, "The hospital History and dated for the province of the prov	BM in 3 days, MOM (Milk of no BM 4th day, Dulcolax esults, fleets enema to be is an indicated contradiction." ent Log documents last bowel prior to admission to hospital /20. d Physical dated 6/18/20 ic constipation and fecal ministration Record (MAR) is show any documentation of en per standing orders for no at 9:38 am: Z1 (parent) I said that the shadow on the oth was pneumonia was a						
		movement document after three standing orders were wasn't done." Interview on 7/1/20 a standing was asked if some in Beverly Cottain the weekends in Each echecks the BM bere wasn't by the weeks the BM bere wasn't by the weeks the BM bere worden to the weeks the BM bere were were well as the weeks the BM bere weeks the bere were well as the weeks the well as the weeks the bere well as the well	at 1:13 pm: E3 (Director of old that per R2's bowel station, R2 did not have a er 6/1/20 and shown the entation on the MAR of the g followed for no bowel e days. E3 was asked if the e followed. E3 stated, "no, it to take the tated, "I work 2-10 Beverly." E4 was asked if ook ever time she works the tated, "not every shift just		S.P.	SC N			

B20T11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED IL6000947 B. WING_ 08/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6301 HUMBERT ROAD BEVERLY FARM FOUNDATION** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Z9999 Continued From page 4 Z9999 when the DSP (Direct Support Professional) says that an individual hasn't gone to the bathroom for three days." E4 was asked if a PRN/standing order was given to an individual if it would be documented on the MAR. E4 stated, "yes." E4 was asked if she could recall giving R2 medication from the BM standing orders. E4 stated, "I know there was nothing given because the DSP's didn't tell me there was a problem." (B)